

# CLAIMS ONLY

SERIAL NO.

09874700

FILING DATE

6-6-01

APPLICANT(S)

## CLAIMS

|              | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|--------------|----------|------|------------------------|------|------------------------|------|
|              | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1            | /        | /    |                        |      |                        |      |
| 2            | /        | /    |                        |      |                        |      |
| 3            | /        | /    |                        |      |                        |      |
| 4            | /        | /    |                        |      |                        |      |
| 5            | /        | /    |                        |      |                        |      |
| 6            | /        | /    |                        |      |                        |      |
| 7            | /        | /    |                        |      |                        |      |
| 8            | /        | /    |                        |      |                        |      |
| 9            | /        | /    |                        |      |                        |      |
| 10           | /        | /    |                        |      |                        |      |
| 11           | /        | /    |                        |      |                        |      |
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| 13           | /        | /    |                        |      |                        |      |
| 14           | /        | /    |                        |      |                        |      |
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| 50           | /        | /    |                        |      |                        |      |
| TOTAL IND.   | 3        | ↓    |                        | ↓    |                        | ↓    |
| TOTAL DEP.   | 47       | ←    |                        | ←    |                        | ←    |
| TOTAL CLAIMS | 50       |      |                        |      |                        |      |

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|--------------|------|------|------|------|------|------|
|              | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND.   | 3    | ↓    |      | ↓    |      | ↓    |
| TOTAL DEP.   | 3    | ←    |      | ←    |      | ←    |
| TOTAL CLAIMS | 3    |      |      |      |      |      |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS